UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
	3235-0076			
Expires: April 30,	2008			
Estimated average	burden			
hours per response	16.00			



Name of Offering ( check if this is an amendment and name has changed, and indicate cl	nange.)	
Warrants to purchase Series B-1 Preferred Stock and the Series B-1 Preferred Stock; and the Common Stock issuable upon conversion of the Se		
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing  Amendment		RECEIVED
A. BASIC IDENTIFICATION	ON DATA	165/
Enter the information requested about the issuer	-	// in the same same same same same same same sam
Name of Issuer ( check if this is an amendment and name has changed, and indica	te change.)	APR 1 8 2007
Turin Networks, Inc.		(A)
Address of Executive Offices (Number and Street, City, State, Zip Code)		Telephone Number (Including Area Code)
1415 N. McDowell Blvd., Petaluma, CA 94954	-	(707) 665-4400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	,	Telephone Number (Including Area Code)  PROCESSED
Brief Description of Business		L ADD 2 7 ass
Optical Broadband Network Access Equipment		AFR 2 / 2007
Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	Of	ther (please specify): FINANCIAL
Actual or Estimated Date of Incorporation or Organization:    Month	Year 9 9 ation for State:	Actual Estimated
	CN for Canada; FN :	for other foreign jurisdiction) D E

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•		A. BASIC IDENT	IFICATION DATA					
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity</li> </ul>								
securities of the issu	er;	· · · · · · · · · · · · · · · · · · ·		02, 1070 01				
<ul><li>Each executive offic</li><li>Each general and ma</li></ul>		corporate issuers and of copartnership issuers.	rporate general and manag	ing partners of par	rtnership issuers; and			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if Webley, John	·			···				
Business or Residence Addres c/o Turin Networks	-	reet, City, State, Zip Code) cDowell Blvd., Petaluma,						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Cassin, B.J.	· .							
Business or Residence Addres c/o Turin Networks	-	reet, City, State, Zip Code) cDowell Blvd., Petaluma,						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Doll, Dixon	individual)							
Business or Residence Address c/o DCM III, L.P.,	•	reet, City, State, Zip Code) oad, Bldg. 2, Suite 200, N			•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if Manning, Robert	individual)			-				
Business or Residence Address c/o Baker Capital C	-	reet, City, State, Zip Code) on Avenue, New York, N						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Danielson, Jon	individual)				•			
Business or Residence Address c/o Tudor Investme		reet, City, State, Zip Code) harf, 6 <sup>th</sup> Floor, Boston, M						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Green, Donald	individual)							
Business or Residence Address	-				<u> </u>			
c/o Turin Networks, Inc., 1415 N. McDowell Blvd., Petaluma, CA 94954								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if individual)  Wasik, Henry								
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Turin Networks, Inc., 1415 N. McDowell Blvd., Petaluma, CA 94954								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								

		A. BASIC IDENT	IFICATION DATA				
2. Enter the information requ	ested for the follo	owing:					
<ul> <li>Each promoter of the</li> </ul>	issuer, if the issue	er has been organized with	in the past five years;				
	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity						
securities of the issue	•						
			rporate general and manag	ing partners of pai	thership issuers; and		
Each general and ma	<del></del>	<u> </u>					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)						
Zerella, Willliam							
Business or Residence Address	•						
c/o Turin Networks	, Inc., 1415 N. M	cDowell Blvd., Petaluma,	CA 94954				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)	***			······································		
Advanced Equities,	Inc. and affiliates	S		•			
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)					
311 S. Wacker Driv	e, Suite 1650, Ch	icago, IL 60606					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)			,			
DCM III, L.P. and							
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		<del> </del>			
2420 Sand Hill Roa	d, Bldg. 2, Suite 2	200, Menio Park, CA 946	025				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if i	•						
Tudor Ventures II,	L.P. and affiliate	<u>.</u>					
Business or Residence Address							
c/o Tudor Investme	nts, 50 Rowes Wi	harf, 6 <sup>th</sup> Floor, Boston, M	IA 02110				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)	-	•				
Tellabs Equity Holo	ling Corporation						
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)					
1415 West Diehl Ro	ad, Naperville, II	L 60563		-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and Str	eet, City, State, Zin Code	· · ·				
Dasiness of Residence Madres.	(amovi and on	coi, ony, braic, zip code,		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)				<u> </u>		
	,						
Business or Residence Address	Number and Str	eet City State 7in Code			<del></del>		
Dasiness of Residence Address							
	(Use blank s	heet, or copy and use addi	tional copies of this sheet,	as necessary.)			

					B. INFOR	MATION	ABOUT O	FFERING					
						••.			· •	•		Yes	No
1. F	las the issuer	sold, or do	es the issu						•			Ш	$\boxtimes$
	eri e e				•	•	•	ling under U					
2. V	Vhat is the m	ınımum inv	estment tr	nat will be	accepted fi	rom any ind	ividual?	**************	*******************	****************	3	N/A	
3.	3. Does the offering permit joint ownership of a single unit?							Yes ⊠	No				
4. E	nter the info	ormation re	equested f	or each p	erson who	has been	or will be	paid or giv	en, directly	or indirect	ly, any		
a s	ommission o person to be tates, list the roker or deal	listed is a name of the	n associate he broker	ed person or dealer.	or agent of If more the	`a broker o han five (5)	r dealer reg persons to	istered with be listed a	the SEC an	d/or with a :	state or		
Full N	ame (Last na	me first, if	individual	)				•					
Busine	ess or Reside	nce Addres	s (Numbe	r and Stree	t, City, Sta	te, Zip Cod	e)						
Name	of Associated	d Broker or	Dealer										
States	in Which Pe	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purcha	sers						
(Ch	eck "All Stat	es" or check	k individu	al States)								☐ Al	1 States
[AL	] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
[[L]	[11]	[IA]	[KS]	[KY]	[LA]	[ME]	· [MD]	[MA]	[MI]	[MN]	[MS]	[M	)]
[MT	[NE]	[NV]	[NH]	[14]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[ P A	<b>.</b> ].
[RI	] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[ P R	[.]
Full N	ame (Last na	me first, if	individual	)					•• ••		••		
Busine	ess or Reside	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	e)						
Name	of Associated	d Broker or	Dealer		•			<u></u>					
States	in Which Pe	rson Listed	Has Solic	ited or Int	ends to Sol	icit Purcha	sers	<del></del>					
(Ch	eck "All Stat	es" or check	k individu	al States).				***************************************	***************************************			☐ Al	l States
[AL	] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D	ן
[][		[ A I ]	[K\$]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M(	-
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	_
[RI	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P F	:]
Full N	ame (Last na	me first, if	individual	)			·		· · ·				
Busine	ess or Reside	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	le)				-		
	· 		•			<u> </u>	ŕ	•					
Name	of Associated	d Broker or	Dealer										
States	in Which Pe	rson Listed	Has Solid	ited or Int	ends to So	licit Purcha	sers						
(Ch	eck "All State	es" or chec	k individu	al States)	••••		•••••				••••••	☐ Ai	ll States
[AL	] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	]
[1L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	[כ
[MT	] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[ P A	<b>\</b> ]
[RI	] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[ P F	١]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	· ·	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$52,500,000.63	\$26,257,581.60
		<del>- 1 1</del>	<del>-                                    </del>
	Convertible Securities (including warrants)	\$	S
	Partnership Interests	s	_ s
	Other (Specify)	\$	_ s
	Total	\$52,500,000.63	\$26,257,581.60
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	•	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	61 .	\$26,257,581.60
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	S
	Regulation A	N/A	s
	Rule 504	N/A	\$
	Total	· N/A ·	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	· ·····[	□ s
	Printing and Engraving Costs		<b></b>
	Legal Fees		\$To be determined
	Accounting Fees		]
	Engineering Fees	[	s
	Sales Commissions (specify finder's fees separately)		]
	Other Expenses (identify)	[	s
	Total		STo be determined

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING	G PRICE, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PROC	EEDS
Question 1 and total expenses fur	the aggregate offering price given in response to mished in response to Part C - Question 4.a. This suer."	s difference is the	\$ 52,500,000.63
used for each of the purposes she stimate and check the box to the	ne adjusted gross proceeds to the issuer used or nown. If the amount for any purpose is not known to left of the estimate. The total of the payments lessuer set forth in response to Part C - Question	lown, furnish an listed must equal	
		Payment Officers, Directors Affiliates	s, & Payments To
Salaries and fees		s	
Purchase of real estate			🗅
Purchase, rental or leasing a	nd installation of machinery and equipment	s	s
Construction or leasing of pl	lant buildings and facilities	\$	s
offering that may be used in	s (including the value of securities involved in the exchange for the assets or securities of another	_	□ <b>\$</b>
Repayment of indebtedness.			· □ s
Working capital		ss	\$52,500,000.63
Other (specify):			
		s	
		s	\$52,500,000.63
Total Payments Listed (colu-	mn totals added)		<b>⊠</b> \$52,500,000.63
,	·		
	D. FEDERAL SIGNATURE		
llowing signature constitutes an und	ce to be signed by the undersigned duly authoriertaking by the issuer to furnish to the U.S. Secuthe issuer to any non-accredited investor pursuan	rities and Exchange Commiss	ion, upon written request of
suer (Print or Type)	Signature	Date	
urin Networks, Inc.	waseull	4-11-0	17
ame of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
/illiam Zerella	Chief Financial Officer		

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

